

## COMMENT

Hope and encouragement can be given to the patient with carcinoma of the prostate. Pain has been relieved in nearly 90 per cent of cases by the utilization of hormonal factors in its treatment. Improvement in appetite and gain in weight have been noted. Actual regression in the size of the gland has been noted after several months' treatment. The disappearance of metastatic nodules in the chest and bones has been demonstrated by some, although none have been noted in this series.

What the future holds for these patients remains yet to be seen. Whatever the ultimate outcome may be, hormonal therapy has offered a grateful respite to many who have already entered the "valley of the shadow of death."

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## HYPOTHYROIDISM—LATENT SYMPTOMS\*

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DESPITE the present emphasis on early recognition of disease processes and the vogue for preventive medicine, hypothyroidism is rarely detected in its earlier stages and milder forms, and usually not until the most advanced findings have developed. Many text books describe hypothyroidism only in its outspoken manifestations, and imply that all of the classical symptoms should be present—namely, the combination of generalized myxoedema, dwarfism, if it has arisen in childhood, severe osseous retardation, marked hair and skin changes, great somnolence, constipation, retarded mental development, and a very low basal rate.

Ordinarily hypothyroidism occurs as a very mild deficiency, progressing insidiously but persisting permanently. Such cases are far more common than the florid types customarily described. The pathogenesis is mainly governed by the possible interrelationships of the following factors: the age of onset, the degree and tempo of the deficiency, and the response or reactivity of the various body tissues. The degree of deficiency may be progressive or sometimes cyclic, characterized however by exacerbations rather than remissions. Such intensifications are due, as a rule, to intercurrent infections. Usually the tempo is slow and continuous, but may be very rapid as after a thyroidectomy.

Naturally, better therapeutic results will follow if the deficiency can be apprehended in its earlier stages, and before it has been in existence for too great a time. The most important therapeutic desideration, in childhood for instance, is to prevent or improve mental deficiency rather than to be chiefly concerned with the eradication of the disease's physical stigmata.

Very significant is the tissue response to the deficiency. This endocrinopathy can affect all parts of the body. However—and this is important to recognize—not all tissues react equally to lack of thyroid hormone. As a matter of fact, myxoedema is rarely present in the early phases of the disease; not everyone develops anemia; a few will have ascites only, or joint pains only, or thickened tissues about the vocal cords only, or only menorrhagia, as the earliest, and sometimes the only manifestation for a long while in the early period of deficiency. Such partial clinical pictures may remain unchanged for months and even years, or again they may blossom with the further development of classical stigma in other parts of the body, finally flowering into the full-blown text book picture. Such latter cases are in the minority among patients suffering from hypothyroidism.

How, then, is this intangible and early deficit to be recognized? This stage cannot be qualified

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by certain "sine quo non" or "must phenomena," so often exactly stated, as for instance, in early diabetes—glycosuria, ketonuria, hyperglycemia, etc. There is hardly one subjective or objective finding, or laboratory test, which either excludes or substantiates the diagnosis of incipient hypothyroidism. Even a profoundly low basal metabolic rate can occur in severe anorexia nervosa, Simmond's disease, Addison's disease, hypogonadism or tubular nephritis, and a normal metabolic reading does not necessarily rule out an early mild deficiency. Moreover repetition of the test may yield a lower percentage. The clinician must rely principally on a critical analysis of the objective and subjective findings, and only secondarily on laboratory aids, and the latter should not be permitted to outweigh or sway his clinical experience, acumen and judgment.

A few terse clinical résumés will perhaps illustrate the diagnostic problem and aid in its solution.

#### REPORT OF CASES

CASE 1.—A young man of 21 years had a mild deficiency, since his second year; no treatment for the past five years. His features were slightly but definitely myxoedematous, the metabolic rate was 15 per cent minus. Is hypothyroidism to be ruled out because his bone age is between 18 and 20 years, his I. Q. 80 per cent and because there were no other striking complaints or stigmata? Treatment with thyroid extract altered his appearance, improved his vigor, enlivened his personality and drowsiness, cleared his husky voice and eliminated aches in his joints. Properly-controlled thyroid therapy often aids in establishing the diagnosis which prior to the therapeutic test was but a tentative one.

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CASE 2.—A 24-year-old lady complained only of stiffness of the knees for some years. She was markedly dwarfed, slightly obese, markedly myxoedematous, her pulse and blood pressure were low, mentality was that of 12 years, bone age of 10 years, basal metabolic rate was 39 per cent minus, and there was a very definite anemia (Hb. 60 per cent, R.B.C. 3,560,000). The transformation during 10 months of thyroid treatment was miraculous. The sole complaint and reason for seeking a physician was stiffness in the knees, yet here were many classical findings slowly developing over many years. The hypothyroidism had originated during early childhood and had been neglected for years.

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CASE 3.—Another example of the isolated manifestation is the following: A 51-year-old woman had suffered from attacks of paroxysmal tachycardia for 17 years, and between attacks was found to have a pulse rate of 50 and inverted T waves in all leads. On closer examination she presented many classical clinical signs of adult myxoedema, together with a basal metabolic rate of 31 per cent minus. Under thyroid therapy not only the myxoedema disappeared, but a remarkable improvement occurred also in the cardiac condition which resulted in a transformation of inverted into upright waves in the electrocardiogram. While cardiac myxoedema may not have accounted for her tachycardia, thyroid therapy was responsible for the cardiac improvement.

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CASE 4.—Occasionally one has to look long and intently at the facies to detect mild deviations which may have been present for years: A 20-year-old girl, ever since the menarche at 18 years, had had very bothersome meno-

metrorrhagia, yet, on physical examination, outside of a slight puffiness about the eyes and nose, there was nothing to indicate thyroid deficiency. The basal rate was 25 per cent minus. The beneficial response to thyroid therapy corroborated the suspicion of thyroid lack. Left to the natural course of the disease this girl, eventually, over the future years, might have developed far more serious evidence of thyroid failure.

#### COMMENT

Latent hypothyroidism, accompanied by nervousness, is an odd and almost paradoxical form of deficient function. The nervous cretin, well described in the literature, is a different entity. The former type is sometimes seen in the tall, thin adolescent girls whose basal metabolism is between 10 and 20 per cent minus. Thyroid extract relieves the nervousness, raises the basal rate, is attended by weight gain and a more normal maturity. In some of these cases the thyroid inadequacy may be secondary to a primary hypogonadism.

As Lisser<sup>1,2</sup> phrased it, "Learn ye well the conspicuous peculiarities, capricious vagaries and hidden hints of thyroid failure, and much misery will be spared your patients and much satisfaction added unto you."

#### SUMMARY

Latent, mild, masked, hypothyroidism is the more common form of deficiency. The course of the disease depends on the age of the onset, degree and tempo of the deficiency, and the tissue response. The classical descriptions of childhood and adult myxoedema, cretinism and of hypothyroidism in general, represent for the most part an outspoken degree of deficiency of long duration. It is possible now as a part of preventive medicine and better therapeutics to pool and closely consider subjective and objective findings, and thus diagnose hypothyroidism earlier in its history.

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#### Legislative Record of the Seventy-seventh Congress\*

The Seventy-seventh Congress adjourned December 16, 1942, after having been in continuous session since January 3, 1941. During this time numerous bills of medical interest, a few of major importance, were considered by the Congress, a large majority of which failed to receive favorable action. In fact, few measures of medical interest passed other than those associated with the general war effort. This should occasion no surprise, for the recent Congress functioned through turbulent times. First the imminence of war and then its actuality necessarily focused sharply the attention of the

\* From the A.M.A. Federal Legislative Bulletin, No. 23, J. W. Holloway, Jr., Director.

\* For additional news concerning recent legislation, see in this issue, on page 79. For editorial reference, see page 59.

lawmakers on programs pointing to our national security. Other matters received only secondary consideration.

A brief summary of the action taken by the Congress on some of the proposals previously reported in earlier issues of the *Bulletin* follows.

The bill that was introduced to protect diabetic patients from impure insulin became a law. . . .

Proposals were submitted to the Congress to authorize the expenditure of federal funds to investigate the cause of encephalitis lethargica, to provide better facilities for the treatment of cancer and tuberculosis, to authorize the United States Public Health Service to conduct investigations in relation to dental diseases, and to effect a better control of occupational diseases in general and silicosis in particular but none of these bills were enacted. Congress did complete action on the May bill prohibiting prostitution within such reasonable distance of military or naval establishments as the Secretaries of War and Navy may determine to be needful to the efficiency, health, and welfare of the Army and Navy. This measure, of course, has for its objective a reduction in the venereal disease incidence in the armed forces.

Federal funds, to the extent of \$5,000,000, were made available for loans to students pursuing accelerated medical courses and certain other designated technical courses. Likewise additional funds were made available to the United States Public Health Service for the training of nurses to augment the supply depleted by the demands of the military program.

Numerous bills were submitted to broaden the field of operation of the Social Security Act. . . . Late in the session Representative Eliot introduced his bill to amend and extend the provisions of the Social Security Act to include, among other things, sickness and hospitalization benefits. While this measure was apparently not officially sponsored, it did undertake to effectuate some of the recommendations submitted by the President in his Budget Message in the early days of the Congress. No action was taken on the bill and it died in the House Committee on Ways and Means.

The Congress took no action on bills to establish a Chiropody Corps in the Medical Corps of the Army and to require the appointment of a chiropodist in each base hospital or training camp. Meeting similar fates were proposals to establish a Pharmacy Corps in the Army. . . . During the early days of the Congress legislation was proposed to open the ranks of the Army Medical Corps to graduates of unapproved medical schools, but no action was taken on it.

Persistent efforts were made by the chiropractors to secure the enactment of the Tolán bill to amend the United States Employees' Compensation Act so as to authorize adherents of this cult to treat beneficiaries of the act, the bill being identical with the measure sponsored by Representative Tolán in the Seventy-sixth Congress. This legislation died on the calendar of the House of Representatives. The osteopaths were likewise persistent in their demands for recognition at the hands of Congress and were successful to the extent that the Surgeon General of the Army was *authorized* to appoint osteopaths as interns in army hospitals and to the extent that *authorization* was included in a bill providing appropriations for the Navy Department for the use of funds "for the pay of commissioned medical officers who are graduates of reputable schools of osteopathy." . . . The authorizations given by the Congress are *permissive* in form only.

While the so-called Wagner-George hospital construction bill received no consideration by the Congress, the Lanham bill became a law by virtue of which considerable federal funds were made available for the construction, in distressed areas, of needed public works, in-

cluding hospitals, health facilities and clinics. Under this legislation, hospitals, clinics and other health facilities were augmented in many States in areas where existing facilities had proved totally inadequate to serve the influx of population due to defense activities. Additional funds, too, were made available to the Veterans' Administration, \$4,557,000 to be exact, for major reconditioning, replacements and new construction of hospitals and domiciliary facilities for veterans. . . .

The President submitted to the Congress a recommendation for such additional appropriations as the Children's Bureau might need during the emergency for allotment to the States for maternal and child welfare purposes. Some of this money, it was contemplated, was to be used in providing medical, hospital, obstetric and pediatric care for the wives and children of men in military service. Companion bills were introduced to effectuate this recommendation but Congress failed to act on them. The Children's Bureau did, however, set aside a part of its regular appropriations for allotments to the States to provide the indicated services for the wives and children of servicemen.

A bill proposing to establish a Federal Department of Health in which could be combined the public health activities carried on by the various branches of the Government failed of enactment. Likewise no action was taken on another bill, sponsored by the Federal Security Agency, to effect a reorganization of the United States Public Health Service.

During the closing days of the Congress legislative action was completed on a Treasury Department initiated measure to regulate the growing of opium poppy in the United States and to provide for the manufacture of opium from the plants. . . .

Another measure enacted during the last days of the Congress increases the pay, allowances and rank of the Army and Navy Nurse Corps and authorizes the employment by the military establishment of and accords a military status to female dietetic and female physical therapy personnel. This law, too, authorizes the employment of other technical and professional female personnel in categories required for duty outside the continental United States.

The Congress took one more step looking toward the provision of adequate housing for the Army Medical Library when it authorized an additional appropriation for the purchase of a site for the building. Apparently, however, this urgent project will not be carried to completion until more settled times. . . .

The new Revenue Act will greatly increase the tax burden of physicians as it will other federal income taxpayers. It does not effect any changes in the deductions that a physician may claim on account of professional activities. It does impose an obligation on physicians who have in their employ persons receiving wages in excess of \$12 a week a duty of withholding the Victory Tax. The new act eliminates an injustice that has obtained for a number of years in the manner in which outstanding accounts on the books of a taxpayer at the time of his death have been treated for income tax purposes. Hereafter such unpaid accounts will not be considered as part of the income of the decedent for the year of death, as has heretofore been the case, but will be taxable when paid, as a part of the income of the person who receives the money. A provision in the new law authorizes a taxpayer to deduct amounts expended for medical, dental and hospital care to the extent that such expenses exceed 5 per cent of the net income of the taxpayer but not in excess of \$2,500 in case of the head of a family, or \$1,250 in case of other individual taxpayers.